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THIS IS A PERMANENT RECORD
WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>132</u>			
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>545</u>			
Town of <u>Globe</u>				Local Registrar No. _____			
or				St. _____		Ward _____	
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Flora Ballard</u>				If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Female</u>		To be answered ONLY in event of plural births. <u>1</u>		4. Twin, triplet or other <u>2</u>		6. Legitimate? <u>yes</u>	
		5. No., in order of birth _____		7. Date of birth <u>12-11-23</u>		Month Day Year	
8. FATHER				14. MOTHER			
Full name <u>Lloyd Ora Ballard</u>				Full maiden name <u>Ellen Elizabeth Johnson</u>			
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>				15. Residence (Usual place of abode) <u>Globe, Ariz.</u>			
If nonresident, give place and state _____				If nonresident, give place and state _____			
10. Color or race <u>white</u>		11. Age at last birthday <u>25</u> (Years)		16. Color or race <u>white</u>		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) <u>Pima</u>				18. Birthplace (city or place) <u>Morelos</u>			
(State or country) <u>Arizona</u>				(State or country) <u>Mexico</u>			
13. Occupation <u>miner</u>				19. Occupation <u>Housewife</u>			
Nature of industry _____				Nature of industry _____			
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)				21. Were precautions taken against ophthalmia neonatorum?			
(a) Born alive and now living <u>4</u>				<u>yes</u>			
(b) Born alive but now dead <u>0</u>							
(c) Stillborn _____							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:15 p.m.</u> on the date above stated.							
(Born alive or stillborn.)							
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.				Signature <u>T.C. Harper, M.D.</u>			
				(Physician or midwife)			
Address <u>Globe, Ariz.</u>							
Given name added from a supplemental report _____				Filed <u>12-15</u> , 19 <u>23</u>			
Month, day, year. _____				Filed <u>1-3</u> , 19 <u>24</u>			
Registrar. _____				Local Registrar. <u>B. J. Gray</u>			
				County Registrar. <u>B. J. Gray</u>			

624-1211-515